

NORTH COLLEGE HILL CITY SCHOOLS

1731 GOODMAN AVENUE
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Superintendent

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Kevin Hawley
Treasurer

CINCINNATI, OHIO 45239
Kay Faris, Ph.D.
Assistant Superintendent



Parental or Medical Immunization Waiver

Student Name: _____ Birth date _____

The above named student has not received the required immunizations against the specific disease(s) checked below for the following reason(s):

- _____ Measles (Rubeola) _____
- _____ Rubella _____
- _____ Mumps _____
- _____ Diphtheria _____
- _____ Tetanus _____
- _____ Pertusis _____
- _____ Polio _____
- _____ Varicella _____
- _____ Meningococcal _____

I the parent/guardian of the above named student, understand that during the course of an outbreak of any communicable disease(s) for which my child has not been immunized, my child will be excluded from school for the duration of the outbreak(s); unless I provide a statement signed by the physician who saw and diagnosed my child as having had the disease in question. If not immunized for reasons of good cause, including religious conviction parent/guardian must sign below.

Parent/Guardian signature _____

Date _____ Phone number _____

If the student is not immunized for medical reasons, physician signature is required with medical reason why.

Physician signature _____ Date _____

Address _____ Phone _____

Section 33313.671 of the Ohio Revised Code Permits:

- 1."A pupil who presents a written statement of his parent/guardian in which the parent/guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized."
- 2."A child whose physician certifies in writing that such immunization against disease is medically contraindicated is not required to be immunized against that disease.'

"This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus, of pupils under its jurisdiction."

Respectfully,

Terrie Shaw RN BSN LSN
District Nurse

This document must be kept on file with the above student permanent health record.